ADRC EXPANSION PLAN

Standards Topical Work Team Meeting #3 – 06/18/2012

# list of attendees

**Corrie Blythe**, Southeast (AAA)

**Paul Calta,** Pierce County ADRC

**Penny Condoll**, TBI

**Hilari Hauptman,** State Unit on Aging

**Marijean Holland**, SHIBA

**Stacy Kellogg**, 211Info

**Lois King**, CORDWA

**Joan Kleinberg**, Northwest Justice

**Lynne Korte**, ADSA, State Unit on Aging

**David Lord**, Disability Rights of WA

**Helen Nilon,** Constituent

**Susan Shepherd**,ADSA (Facilitator)

**Gary Simonson**,BERK (meeting support)

# Meeting Notes

## Overview

* Overview of agenda
* Discussed potential for 4th meeting - Group was amenable

## Review of Revised Organizational Requirements

* Review previous changes made to organizational requirements sections
  + Reminder that the sooner comments are received on pieces already reviewed, the better

## Review of Staffing Requirements

### Staffing Plan

* Who will the volunteers be?
  + SS: If an ADRC has volunteers filling these roles, they would be treated just like paid staff, and would have to meet all the requirements of the position. It is very unusual to have volunteers in these positions because they need to be well informed with updated training and attendance continuity.

### Basic Staff Qualifications

* Would volunteers have to take an exam to demonstrate proficiency interpersonal communication skills?
  + SS: Yes, a permanent volunteer would have to.
* SS: Should we spell out the acronyms?
  + Yes, you should definitely spell them out the first time they’re introduced
* In my grant work with AOA, they make a big deal ensuring ADRCs are dementia capable – is it part of the aging process or should it be added?
  + SS: It’s not necessarily considered part of the aging process, so we should add it in.
* Will there be a glossary?
  + SS: Yes, there will be one at the end
* SS: We may need to include a piece in the Standards document about national/state option counseling training and certification

### ADRC Staff Roles and Applicable Qualifications

* Suggestion from the group: could we also consider a certain amount of experience as perhaps replacing the education criteria? There may be someone with a lot of experience, but lacking the formal education, who still can perform at a high level.
  + SS: This is where a waiver may come in, potentially on a case-by-case basis
* What about substituting specific years of experience for education? For instance, X number of years would substitute for a Bachelor’s degree, etc.?
  + SS: We can look at it. I won’t necessarily be able to make that call, but I will carry your suggestion forward.
* Comment: There are concerns about the waiver and concerns about the emphasis on education. We should support emphasis on capacity to do the job, not education. But we also need to make sure someone doesn’t get a waiver just because they’re someone’s friend or neighbor.
  + SS: Yes, we need to give due-diligence on the waivers
* The word “staffer” might be slang.
  + SS: Also, keep in mind staff is supposed to mean only one person, but many of us use it to mean multiple people
* (211)I can pass this section along to our database specialist, who has reviewed the taxonomy for over five years and does it every day. They can tell us if anything’s missing or if it all looks right.
  + SS: That’d be great.
* HIV and Drug/Alcohol programs have been doing options counseling for a long time – if someone has training in that, does it qualify them for options counseling here? I believe it’s the same model, although the knowledge may be different.
  + SS: Good idea, but we need to check and see if it meets the National ADRC Options Counseling Standards, or if it could be included as meeting part of the training requirement. This again could be considered in a waiver.
* When you say demonstrate – how will they demonstrate? Who will certify that?
  + SS: Good question – typically during the interview questions will be asked as well as with reference checks.
* When it says to encourage caregivers to do as much as possible independently, how does this fit in with encouraging family caregivers to seek support through services? For example, Family Caregiver Support Programs?
  + SS: There are other pieces under service delivery where we talk about connecting with the family caregiver. However, in the coaching process you work with someone, with role plays and practices and other methods, to help them take on certain things, such as going to the doctor and asking the right questions. Some people aren’t used to that (for example, medication management) so the coach will coach them through that practice. We can include an example to be more clear
* SS: Also, the supervisors need to be credentialed, so they can understand what that involves and provide that same support to staff

### Orientation/Training

* SS: There are certain topics that we may want to put in an appendix. What do you think?
  + Group agrees should be in the text, not the appendix.
* Joan: Would it make sense to group these things? Some are more general and some speak to more specific skills. Some is information, while some are actual skills you need to acquire.
  + SS: Yes, that makes sense

## Review of Service Delivery

### Confidentiality

* How would confidentiality be consented to over the telephone?
  + SS: There is the potential for phone systems that would allow for that. That’s an opportunity for the future, but we don’t have it yet. Otherwise, you can get verbal consent and document in the client record.

### Awareness

* It says actively market to private pay options as well, are there examples of that?
  + Yes, there are. And some of them will be national or state associations, so you can see their certifications
* For the marketing plan, you say the ADRC has a proven outreach and marketing plan. But there is variability depending on the local areas, so is it the expectation that there will be a local implementation or that it will be locally tailored?
  + SS: First, there will be a work group who will focus on marketing, and will focus on the beginning of collateral that can be used for marketing, but will be tailored to local areas. So it’s meant as a support for local areas. As a plan, it may not be proven right away, but it will be refined to be proven.
* We should note that there will need to be constant tweaking and changing to make sure the plan addresses current issues

### Case Finding

* Can a person be referred against their will to an ADRC?
  + SS: Not quite against their will, but if someone is concerned about someone, they may refer them, the ADRC will attempt to engage them.
  + SS: For examples, If someone notices someone is declining and we receive the referral who wasn’t able to access help on their own. We can respond to that referral and introduce ourselves. But you wouldn’t force them into services but you would have a way to find out that they may need some help.
* I’m concerned and think there would need to be really good guidelines, so someone in a dangerous situation gets the proper authorities out there, and also to protect the ADRC workers.
  + SS: There are different models, such as the gatekeeper program that was started in Spokane. But the requirements to refer to APS or CPS are quite clear. However, we wouldn’t want to impede an individuals’ ability to make personal choices, if they were able to do that.
* Joan: If a person was not at a point where they were a danger to themselves, could they decline services?
  + Of course. And it takes someone with a special set of skills to build a rapport with someone like that.

### Information-giving

[No Comments]

### Resource Directory

[No Comments]

### Crisis Intervention

* Lois: There are a lot of people with mental health impairments who call every number they can find. So we need to find people with the right training to get those people to the right lines.
  + SS: Yes, that is a good idea. We should look at a training topic to ensure ability to ID and assist these types of individuals
* Staff need to have enough information to get them to the right people and recognize if 911 needs to be called.
  + SS: Yes, thank you.
* Also, someone who calls might want to just talk, so staff needs to know how to bring a call to an end. There is a skill in learning how to graciously get people off the phone.
  + SS: Yes, good point

### Options Counseling and Access Assistance

* Change #4, iv to “has LTSS needs and is unsure…”
  + SS: Sure, thanks.
* There’s a lot there, but it all looks good.
* SS: Should I use “places of worship” or “faith communities”?
  + Group: Use “faith communities”.
* Do we need to check to make sure people don’t have guardians if they have their own decision making?
  + Not sure if it’s discussed but we want to make sure that we note it.
  + (NOTE: a guardian cannot decide to admit someone into a nursing facility against their will)